

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628				3. LOCATION CODE 304		4. BEAT/OCCUR 0512		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME MARTIN		7. FIRST NAME WALTER R		8. STAR NO. 12500		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
	11. AGE 509		12. HT. 215		13. WT. 215		14. DATE OF APPT. 16-DEC-2009		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 004 0461E	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. LAST NAME MCSWAIN		21. FIRST NAME EUGENE		22. M.I. [REDACTED]	
SUBJECT INFORMATION	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 506		27. WT. 150		28. ADDRESS [REDACTED]	
	29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? DR. [REDACTED]		34. BY WHOM? DR. [REDACTED]	
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 00000000		37. CB NO. 00000000		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER <input type="checkbox"/>		FLED <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
	CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	
	CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>	
CASE INFO.	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]	
	47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]		49. TASER DART IO NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]	
	53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
SIGNATURES	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]		70. EVENT NO. 1519111125	
	71. R.D. NO. HY335302		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		74. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L		75. STAR NO. 809		76. SIGNATURE [REDACTED]	
77. DATE REVIEWED 11-JUL-2015 00:03:08		78. TIME 11-JUL-2015 00:03:08		79. SIGNATURE [REDACTED]		80. DATE REVIEWED 11-JUL-2015 00:03:08		81. TIME 11-JUL-2015 00:03:08		82. SIGNATURE [REDACTED]		

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender is hospitalized.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the Officers actions were in compliance with department guidelines and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

11-JUL-2015 01:17:26

79. TOTAL TRR's THIS EVENT No.

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